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Effective on 12/08/2004.

See pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$25.00)

Complete if Known

Application Number	10/798,796
Filing Date	March 11, 2004
First Named Inventor	Wasserscheid
Examiner Name	C.O. Nwaonicha
Art Unit	1621
Attorney Docket No.	VKSW-1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify)*
 Deposit Account Deposit Account Number: 501527 Deposit Account Name: Innovar, L.L.C., Rick Matos

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

360 180

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
22	- 20 or HP = 1	25	25			
	HP = highest number of total claims paid for, if greater than 20					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
3	- 3 or HP = 0	100	0			
	HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
20	- 100 = 0	/ 50 = (round up to a whole number) x 0 = 0		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY

Signature 	Registration No. (Attorney/Agent) 40,082	Telephone 972-747-7373
Name (Print/Type) RICK MATOS		Date SEPT. 13, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IFW \$
Docket No. VKSW-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent application of:
WASSERSCHEID, et al.

Serial No.: 10/798,796
Filed: 03/11/2004

For: Ionic Liquids

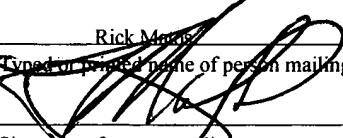
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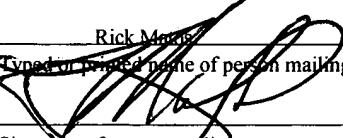
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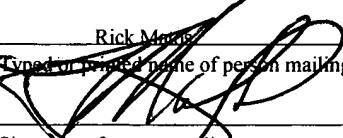
Group Art Unit: 1621
Examiner: Chukwuma Nwaonicha

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 13, 2005.


Rick M. Moore


Typed or printed name of person mailing paper


Signature of person mailing paper

AMENDMENT

Applicants hereby submit the following amendment.

Enclosed herewith is an "Amendments to the Claims". A fee transmittal is enclosed herewith. The Commissioner is hereby authorized to charge deposit account No. 501527 the amount due (\$25) for the extra claim fee.

Applicants request full consideration thereof and entry into the record.

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